

Name  
in  
Full

Archibald Gastel

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Ner Hoys* Town*Garrett* CountyDate of death *1907* Month *March*Day *28*Age *61* YearsMonths *13*Days *13*Sex *Male*Color or  
Race*White*Birth-  
place*Maryland*

Occupation

*Farmer*Where Residing if not  
at place of death*Near Hoys Md*Married, Single  
or Widowed*Widowed*Name of Wife or  
HusbandFather's  
Name*Thomas Gastel*Father's  
Birthplace*N. Va*Mother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formation*Dolph Enlow*How related  
to deceased*None*

## CAUSE OF DEATH

Primary

*Indigestion**104*

How long

*three weeks*

Immediate

*Heart failure*

How long

*one hour*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*No. Physician, M. E. Feaz**Undertaker*PHYSICIAN  
OR CORONER

Accident or Suicide?

Blooming Rose

Name  
in  
Full

Frank Coddington

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Oakland* TownCounty *York*

MARYLAND

Date of death *1907* Month *Mar.*Day *17* Age *37* Years

Months

Days

Sex *male*Color or  
Race*white*Birth-  
placeOccupation *Mail Carrier*Where Residing if not  
at place of deathMarried, ☒ Single  
☒ WidowedName of Wife or  
Husband*Ida Browning*Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

104

Primary

*Acute indigestion*

How long

*18 hours*

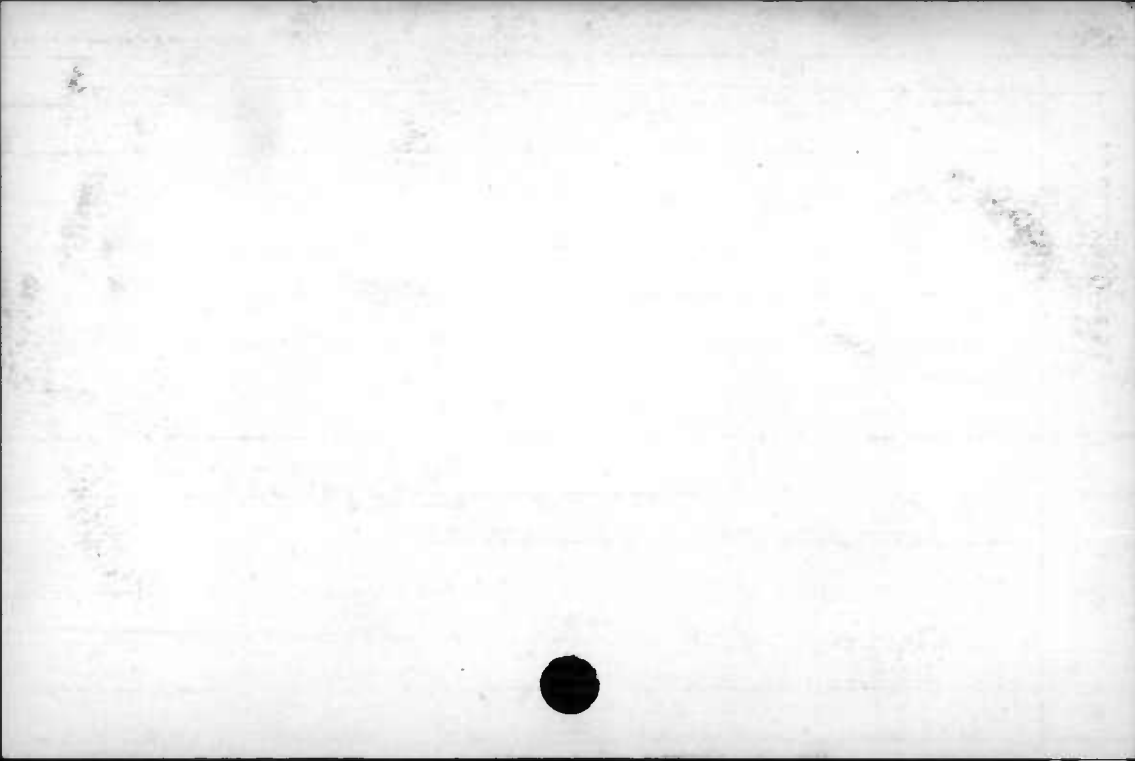
Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*M. C. Hinebaugh*

Accident or Suicide?



Name

In  
Full

## CERTIFICATE OF DEATH

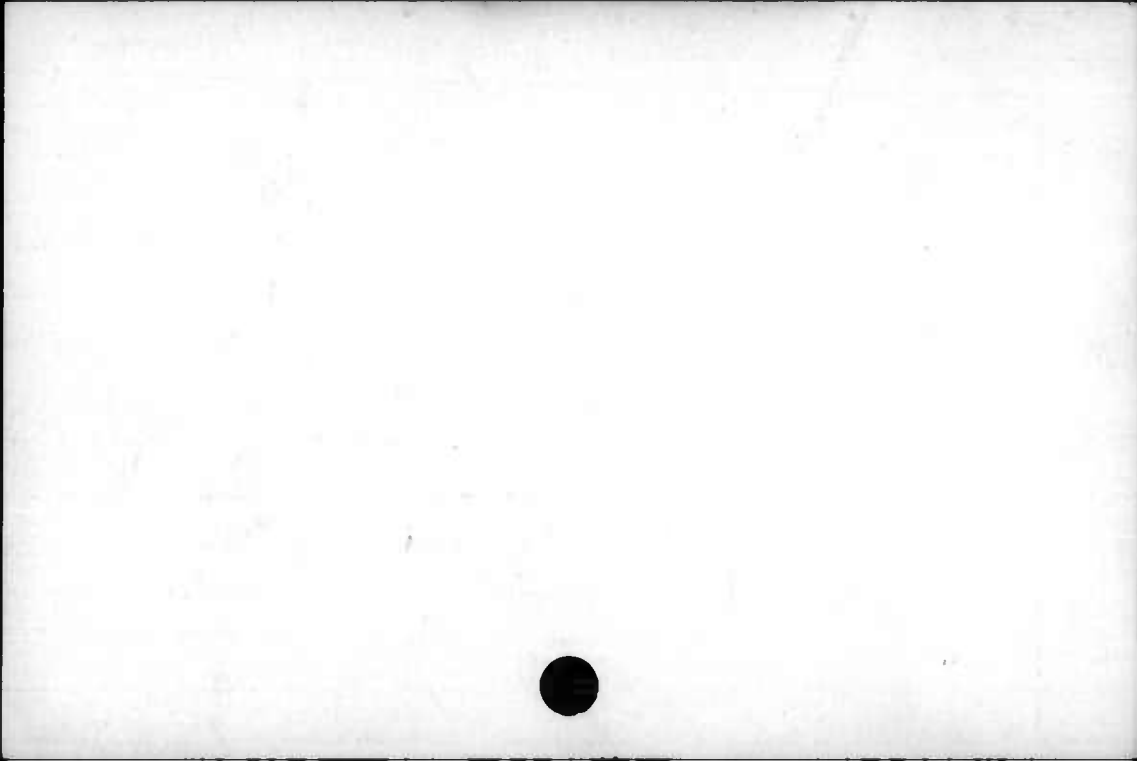
TO BE ANSWERED BY  
NEAREST FRIEND

Name In Full <i>William Henry Cuschleg</i>		Town <i>Grantsville</i>		County <i>Lancet</i>		MARYLAND	
Died at <i>Grantsville</i>		Month <i>Mar</i>		Day <i>3</i>		Years <i>83</i>	
Date of death <i>1907</i>		Month <i>Mar</i>		Day <i>3</i>		Years <i>83</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months <i>1</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Grantsville Md</i>		Days <i>19</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife - Husband <i>Sophia Augusta Howser</i>		Father's Name <i>Jacob Cuschleg</i>		Father's Birthplace <i>Germany</i>	
Mother's Maiden Name		Mother's Birthplace		Name of person giving information <i>Frank Cuschleg</i>		How related to deceased <i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Old age</i>	How long	<i>154</i>
Immediate	<i>Heart Failure</i>	How long	<i>2 or 3 minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. L. Berans</i>
		Address	<i>Grantsville</i>
Accident or Suicide?	<i>He was run fall by R. Bowers</i>		<i>Md</i>



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at

Infant  
Town  
Kendal

Fisher

County

Barrett

Date

1907

Month

Mar

Day

23

Age

Years

Months

Days

10 minut

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Daniel Fisher

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Elvira Hinbaugh

Mother's  
Birthplace

Md

Name of person giving  
In formation

John Hoff

How related  
to deceased

neighbor

## CAUSES OF DEATH

151

Primary

Premature

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

A. J. Mason  
Frederickville  
Md

Accident or Suicide?

Markleysburg

Name  
in  
FullHelen Louise Hoffman  
Town County  
Accident Garrett

## CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1907

Month

Mar

Day

23

Age

Years

Months

Days

14

Sex

Female

Color or  
Race

white

Birth-  
place

Accident

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

John Hoffman

Father's  
Birthplace

Md

Mother's  
Maiden Name

Margaret Browning

Mother's  
Birthplace

Md

Name of person giving  
In formation

John Hoffman

How related  
to deceased

Father

## CAUSES OF DEATH

151

Primary

malformation

How long

Immediate

malformation

How long

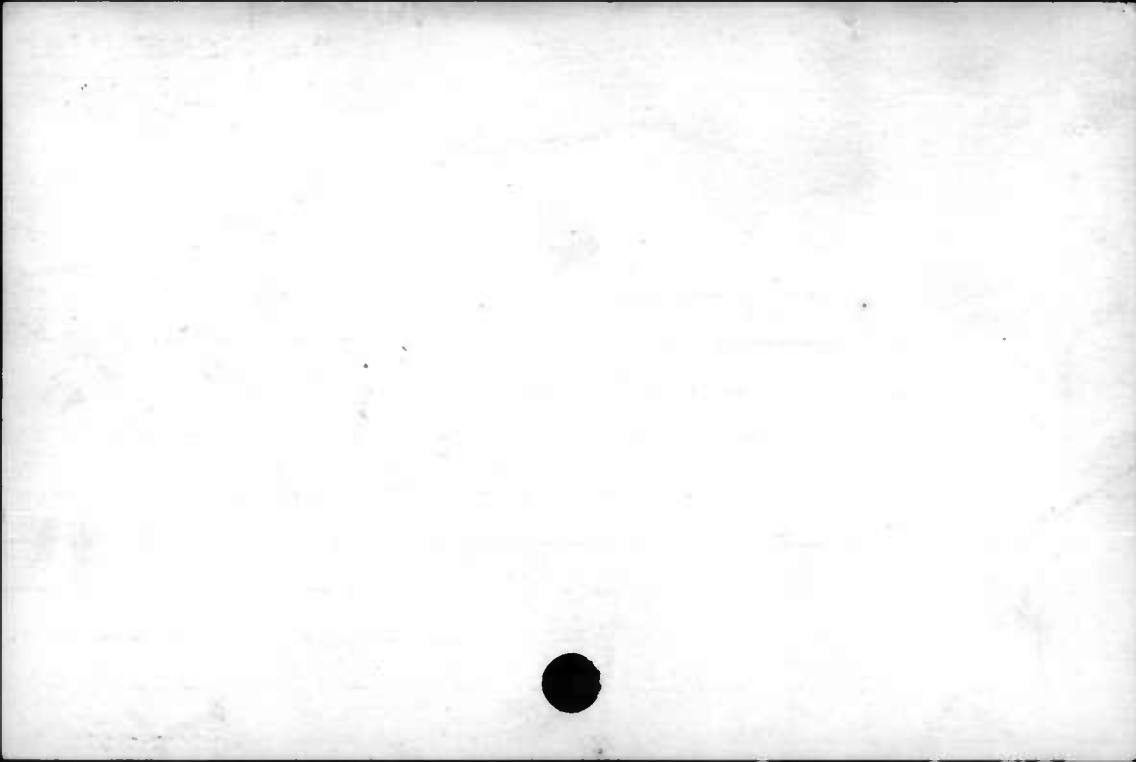
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

H. R. Bayer M.D.  
Accident  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Charles Swazy Laughlin

CERTIFICATE OF DEATH

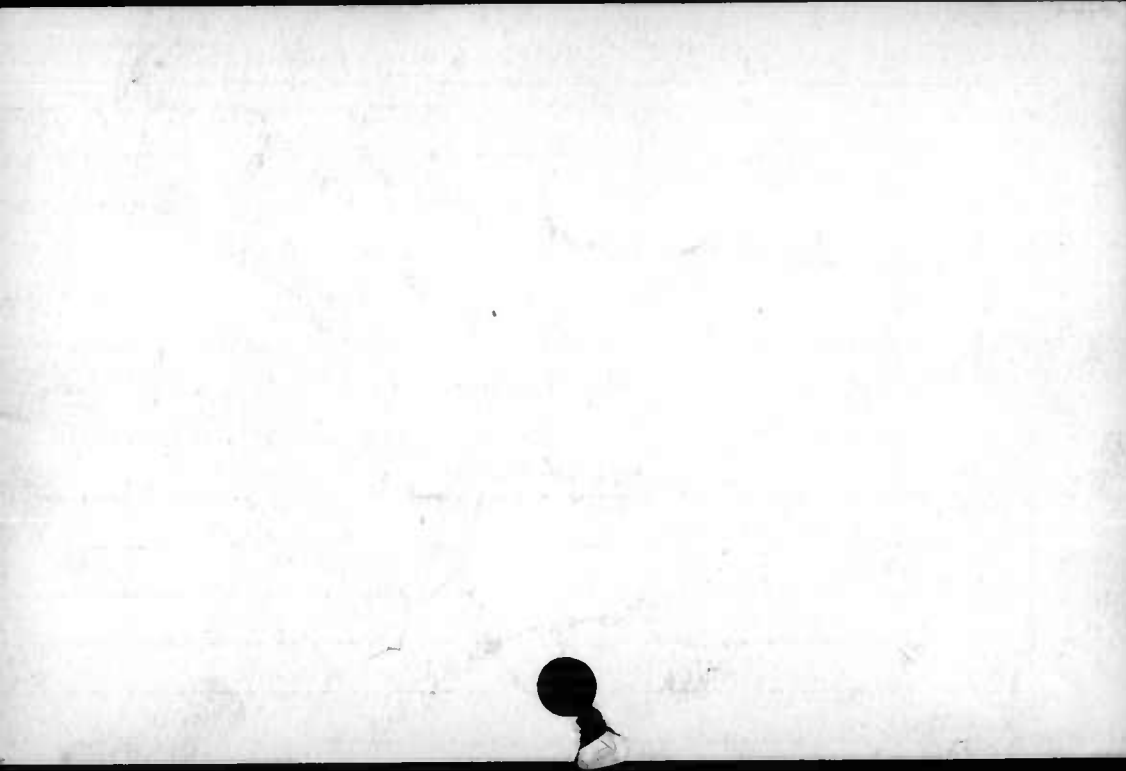
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Deer Park</i>		Town <i>Garrett</i>		County		MARYLAND	
Date of death 190	7	Month	Mar.	Day	29	Years	31
Sex	Male		Color or Race	White		Birth-place	Lana Alta W. Va.
Married, Single or Widowed	Married			Occupation			
Name of Wife or Husband				Ella, E. Laughlin			
Father's Name				John S. Laughlin			
Mother's Maiden Name				Sarah A. Shanks			
Name of person giving information				Sarah A. Laughlin			
				Father's Birthplace			
				Petersburg, Pa.			
				Mother's Birthplace			
				Shanksville, Pa.			
				How related to deceased			
				Mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis -</i>	How long	<i>3 years 6 months</i>
Immediate	<i>Pneumonia</i>	How long	<i>1 "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>J. T. Cole</i>	
		Address	
		<i>Deer Park Ind.</i>	
Accident or Suicide?			



Name  
in  
Full

*Luzie*

CERTIFICATE OF DEATH

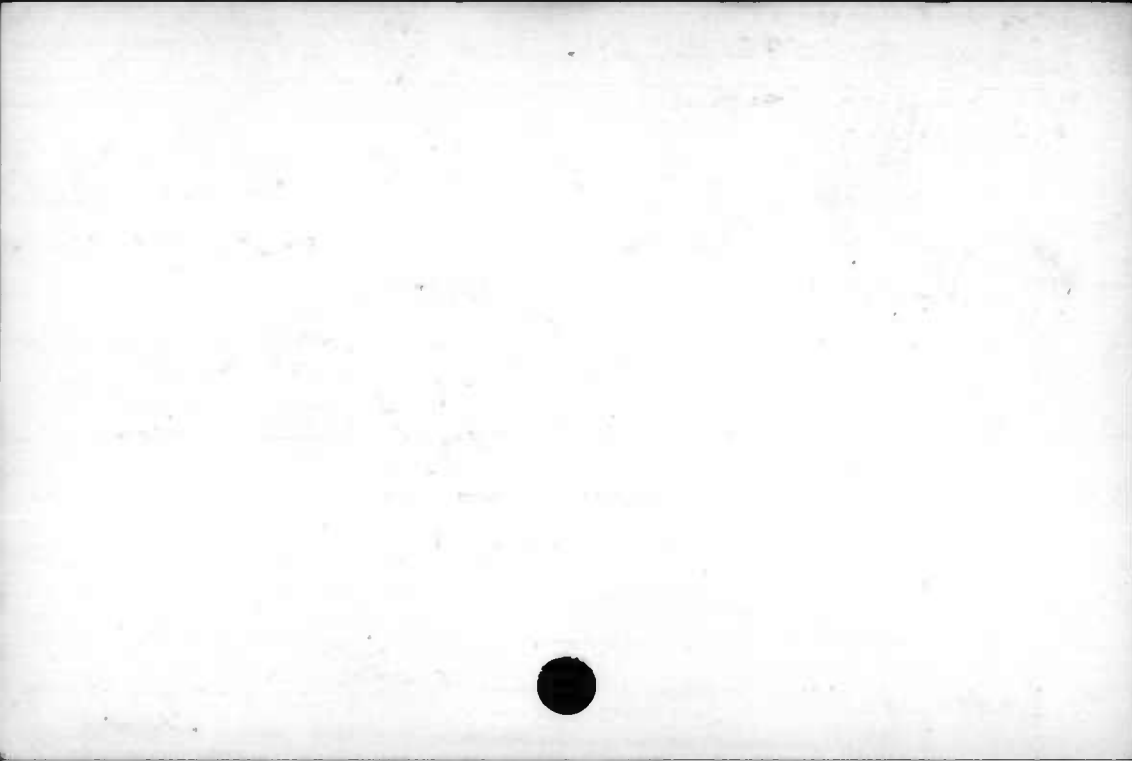
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Swanton</i> <small>Town</small>		County <i>Gorham</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>31</i>	Age <i>—</i>	Months <i>—</i>	Days <i>14</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Swanton Md</i>		
Occupation <i>Infant</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>James E Luzie</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Emma C Civil</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>James E Luzie</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gastritis</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>14 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. J. Ozembok</i>
	Address <i>Swanton Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

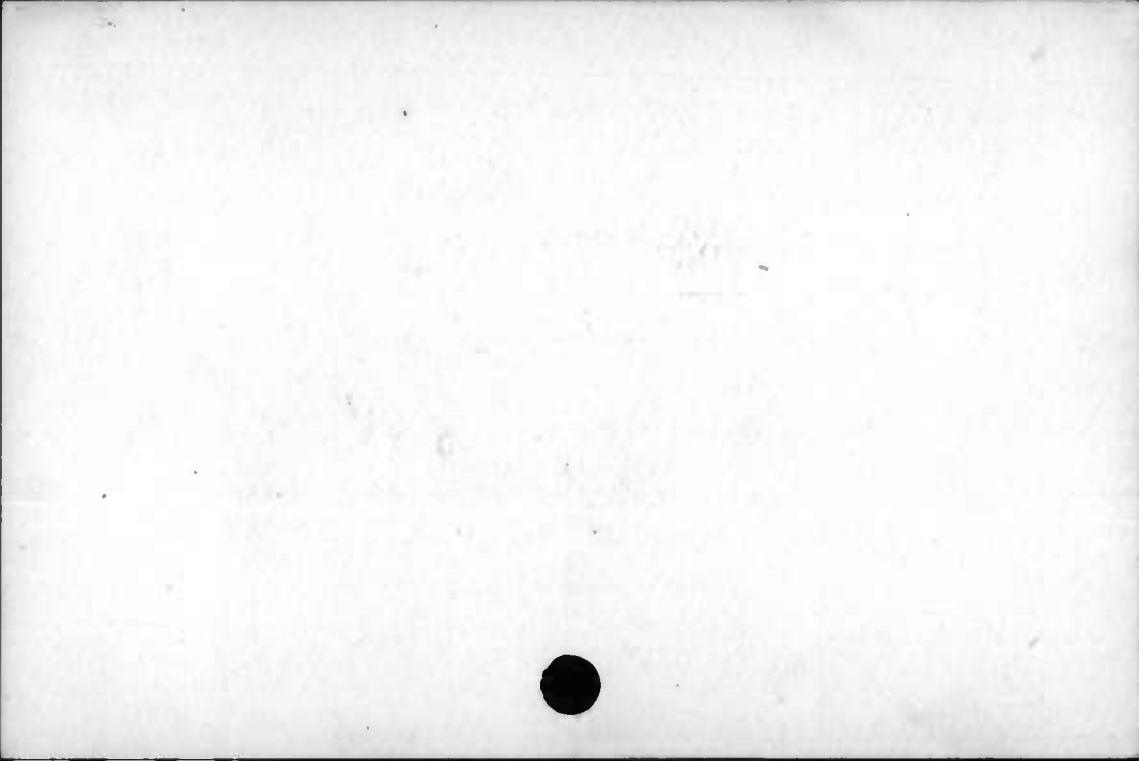
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Isabel Mc Kinzie</b>		Town <b>Swanton</b>		County <b>Garritt</b>		State <b>MARYLAND</b>	
Died at		Month <b>Mar.</b>		Day <b>9</b>		Years <b>43</b>	
Date of death <b>1907</b>		Months <b>4</b>		Days <b>9</b>			
Sex <b>Female</b>	Color or Race <b>White</b>	Birthplace <b>Garritt Co. Md.</b>					
Occupation <b>Housewife</b>		Where Residing if not at place of death <b>Swanton Md.</b>					
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>George McKinzie</b>						
Father's Name <b>Thomas Nelbourn</b>		Father's Birthplace <b>Garritt Co. Md.</b>					
Mother's Maiden Name <b>Maria Nelbourn</b>		Mother's Birthplace <b>Garritt Co.</b>					
Name of person giving information <b>George H. McKinzie</b>		How related to deceased <b>Husband</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Anaemia</b>	How long	<b>3 mo</b>
Immediate	<b>Heart Failure</b>	How long	<b>—</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>L. F. Cole</b>	
		Address <b>Deep Park</b>	
Accident or Suicide? <b>✓</b>			



Name  
in  
Full

Chas A. Mitchell


## CERTIFICATE OF DEATH

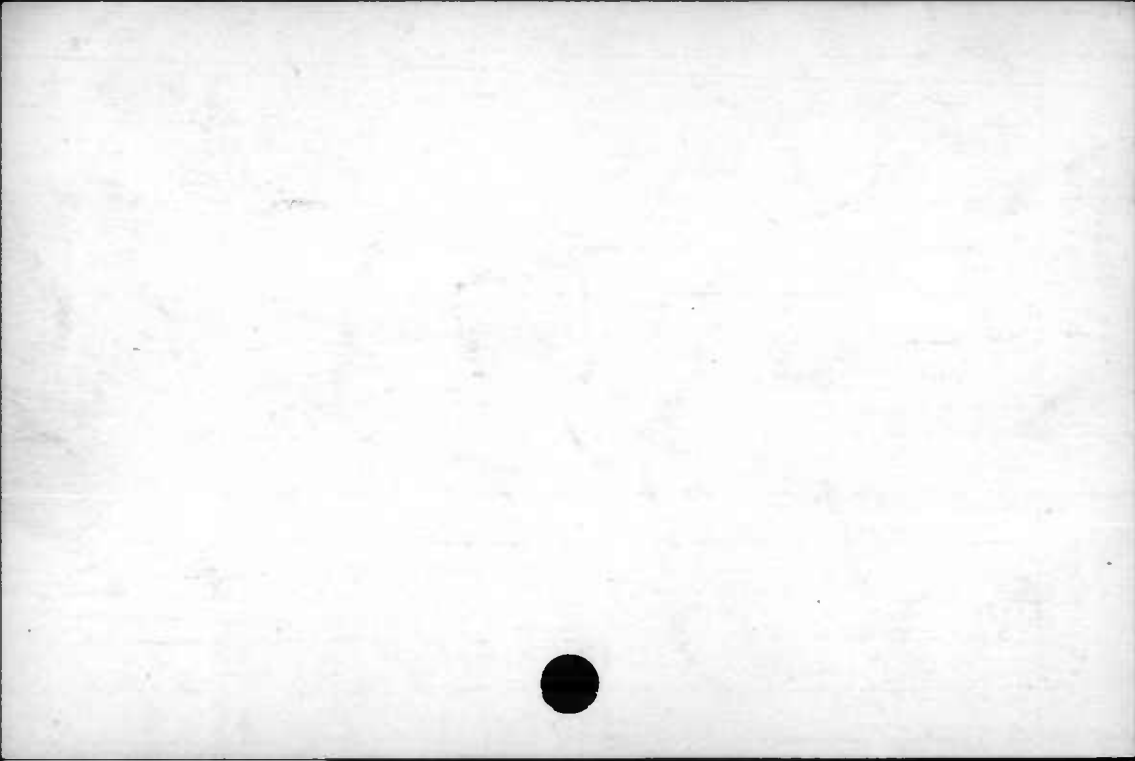
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Friendsville</i>		County <i>Garrett</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>3</i>	Day <i>8</i>	Age <i>52</i>	Months <i>7</i>	Days <i>12</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Addison Pa</i>		
Occupation <i>Hotel Proprietor</i>			Where Residing if not at place of death <i>Friendsville Ind.</i>		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Sue M. Mitchell</i>			
Father's Name <i>John I Mitchell</i>			Father's Birthplace		
Mother's Maiden Name <i>Elizabeth Horsing</i>			Mother's Birthplace		
Name of person giving information <i>Lou M. Mitchell</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long
Immediate <i>Heart failure</i>		How long <i>sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. Mason M.D.</i>
		Address <i>Friendsville Ind</i>
Accident or Suicide? <i>No</i>		



Name  
in  
Full

Thomas Michael Beard Shaffer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Hammer* TownCounty *Baltimore*Date of death *1907* Month *March*Day *13*Age *74* YearsMonths *8*Days *11*Sex *Male*Color or Race *white*Birth-place *Baltimore*Occupation *Farming*

Where Residing if not at place of death

~~Married, Single~~  
or Widowed

Name of Wife or Husband

*Sarah Loller*Father's Name *John A. Shaffer*Father's Birthplace *Baltimore*Mother's Maiden Name *William B. Beard*Mother's Birthplace *Hagerstown Md*

Name of person giving information

How related to deceased

## CAUSES OF DEATH

179

Primary *General debility*

How long

Immediate

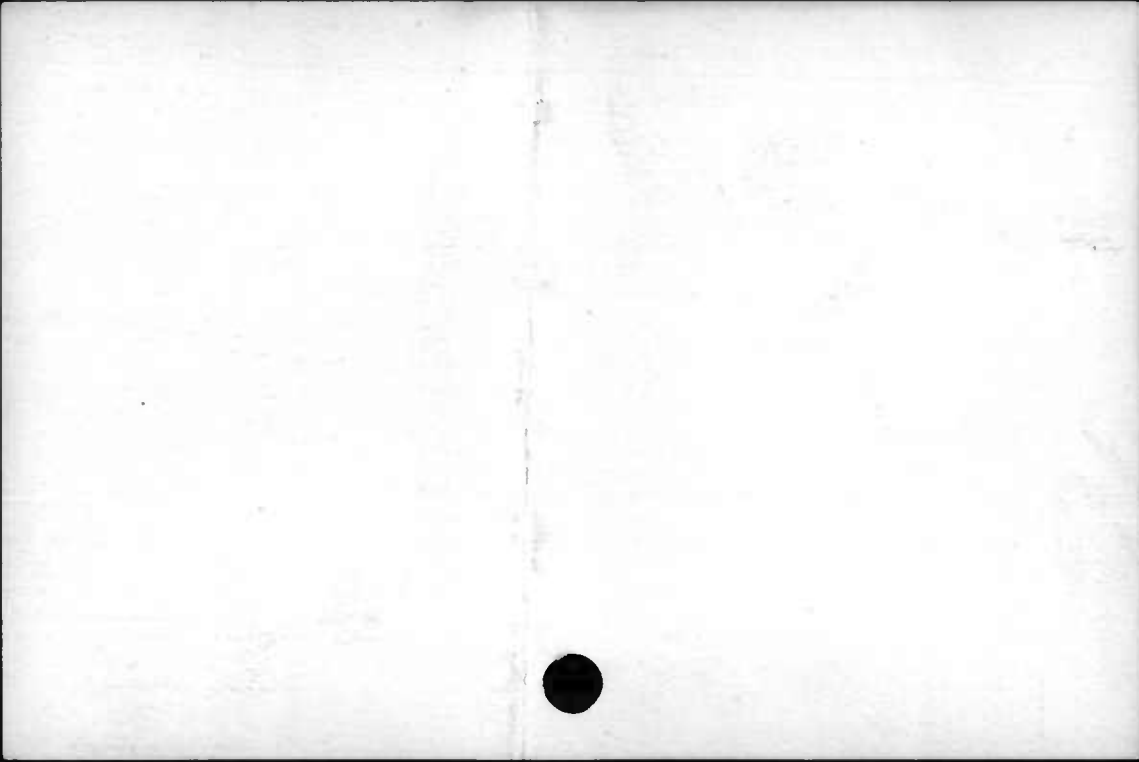
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. Gilbert Selby*Address *Eglon*

Accident or Suicide?

*W. V. A.*



*Elizabeth C Shell*  
 Town County

Died at *Mt Lake Park Garrett*

MARYLAND

*1907* Month Day Y. M. D. Native of Occupation  
 Date *189* *March 19* Age *74* *West Va*

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒  
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of  
 Wife *James S Shell*  
 Father's Name

Mother's  
 Name

Cause of Death { Primary *Phthisis Pulmonalis*  
 Immediate *Pneumonia*  
 How long sick *two years*  
 Accident, Suicide, Homicide

Reported by *J W Langdon*

Address *Mt Lake Park*

*27*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

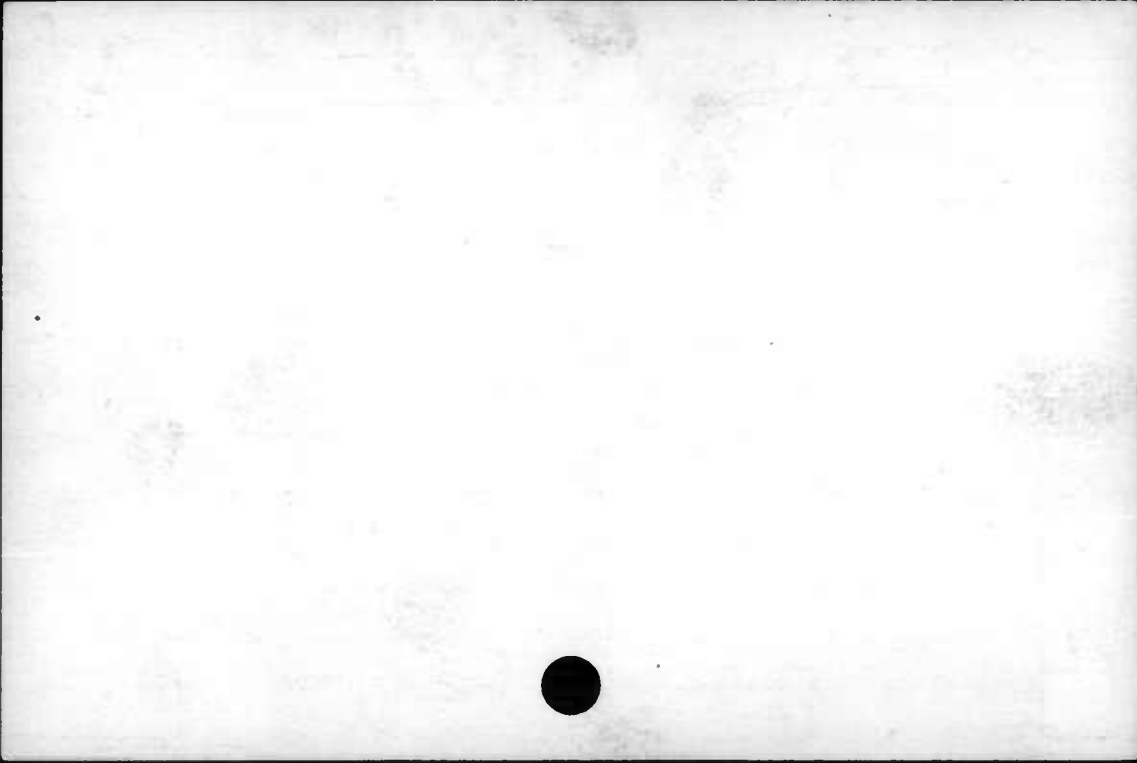
TO BE ANSWERED BY  
NEAREST FRIENDName *Wesley Jamison*Died at *Grantville* Town *Garrett* County

MARYLAND

Date of death *1907* Month *March* Day *11* Age *16* Years Months *6* Days *81*Sex *Male* Color or Race *White* Birth-place *Grantville*Occupation *Boy* Where Residing if not at place of death *Grantville Md*Married, Single or Widowed *Single* Name of Wife or Husband *-*Father's Name *Cyrus Jamison* Father's Birthplace *Cushing Pa*Mother's Maiden Name *Ellen Ferrill* Mother's Birthplace *Summit Mills Pa*Name of person giving information *Chas. Jamison* How related to deceased *Brother*

## CAUSES OF DEATH

**74***Compound comminuted*Primary *Fractured Skull. Fragments entering brain* How long *18 days*Immediate *Abscess with in brain* How long *44 hours*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. J. Robinson*Caused by fall from horse Address *Grantville*Accident or Suicide? *Accident* *Garrett Co. Md*PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Infant* from no. 1 "Cap" certificate.

Died at *Red House* Town *Garrett* County

MARYLAND

Date of death 1907 *March* *18* Day *18* Age *7* Years *7* Months *4* Days

Sex *Male* Color or Race *White* Birth-place *Leadmine*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Birthplace \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Mother's Birthplace \_\_\_\_\_

Name of person giving information \_\_\_\_\_ How related to deceased \_\_\_\_\_

(71)

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Infantile Convulsion* How long \_\_\_\_\_

Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *J. Gilbert Selby*

Address *Logan W. Va.*

Accident or Suicide? ☒

